

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23547

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

272

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Boone County Hosp INSTITUTION				Length of stay in 1b Years		d. STREET ADDRESS RFD#6 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First: Margaret Middle: Lee Last: Proctor				4. DATE OF DEATH Month: July Day: 28 Year: 1957			
5. SEX Female		6. COLOR OR RACE Cauc.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 4, 1887	
9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months: Days: Hours: Min.		11. BIRTHPLACE (City and state or country) Audrain County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Audrain County, Missouri	
13. FATHER'S NAME J. Wesley Brockman				14. MOTHER'S MAIDEN NAME Mary Catherine Spence			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. -----		17. INFORMANT Roger Proctor	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Generalized Arteriosclerosis</u> DUE TO (b) <u>4200</u> DUE TO (c) <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hemorrhagic erythema multiforme, Cause unclear</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour: a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia		COUNTY Missouri		STATE	
21. I attended the deceased from <u>7-28-57</u> , to <u>7-28-57</u> and last saw her/him alive on <u>7-28-57</u> . Death occurred at <u>4:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>JOHN B. WALLACE</u> (Type or print) <u>John B. Wallace</u>				22b. ADDRESS <u>22 N 8th Columbia, Mo</u>		22c. DATE SIGNED <u>7-29-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7-30-1957		23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery		23d. LOCATION (City, town, or county) (State) Centralia, Missouri	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. July 30 1957		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

1961 81 335

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.